

# THE HOSPITAL AT LAMBARENE DURING THE WAR YEARS

1939-1945




*Dr. Schweitzer in his study at Lambaréné, French Equatorial Africa*

THE ALBERT SCHWEITZER FELLOWSHIP

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# THE HOSPITAL AT LAMBARÉNÉ

## During The War Years 1939-1945

*By* DR. ALBERT SCHWEITZER

On January 12, 1939, after a stay of two years, I left Lambaréné for Europe, where I intended to stay for some months. But from the time I left I could not really enjoy the prospect of this period of recuperation because the load of anxiety caused by the news of political events weighed too heavily upon me. In every port at which we touched en route we came upon warships which portended the threatening war. And the speeches which roared out of the loud-speakers on deck and in the dining saloon, as well as the conversations which were carried on, were not calculated to allay our fears, but rather to strengthen them.

On landing at Bordeaux I was resolved to give up a stay in Europe and to return to Africa twelve days later on the same steamer on which I had come. The few days I was able to spend in Alsace I devoted to arranging the affairs of the Hospital and my own as well. If it were really to come to war, I must be at my post and guide the Hospital through the difficult situations which war would bring.

On March 3rd, on a little river steamer, I once more entered the river Ogowe. As we lost sight of the sea when the forest-covered banks opened up before us, I asked myself with quaking heart what events would have taken place before I next sailed out of this stream into the sea. During the months that followed I employed all the resources of the Hospital in the purchase of drugs and other things necessary for carrying on its work either by getting them on the spot or having them sent from Europe. Luckily nearly all these consignments arrived before the outbreak of the war.

In the course of the spring and summer of 1939 the Swiss nurses, Emma Ott and Rosa Näf, and Swiss doctors, Armin Rutishauser and Hans Zellweger, travelled home. The last reached his home just when the war broke out, and had at once to exchange his pith helmet for a soldier's.

When the war began it was with heavy hearts that we had to send back to their homes a large proportion of the would-be patients who had come from the interior to undergo operations for hernia and elephantiasis tumors. From now on it was necessary to be economical with material used in operations for we did not know when we could procure any more. We operated therefore only in the most urgent cases. And in general we had to dismiss all who were not seriously ill, for our resources would not allow of our supporting a great number of patients.

But what sad days we spent sending these people home! Again and again we had to refuse the urgent entreaties of those who, in spite of all, wished to stay with us; again and again we had to try to explain what to them was inexplicable—the fact that they must leave the Hospital. Many of the homeward bound were able to travel on steamer and motor-boats whose owners were kind enough to take them. Others were obliged to make their way to distant villages by long and difficult jungle trails. At last they had all gone and the heart-rending scenes were at an end. How

dead the Hospital seemed with such a diminished number of inmates! Some of the native nurses were also discharged.

For the time being it was possible to buy everything at the trading ports, and we used the opportunity, in so far as our means permitted, to buy all that was needed for the Hospital.

More than once traders offered me considerable quantities of rice at an extremely favorable price. It appeared that this was rice which they were anxious to get rid of because it was not of the best quality and already harboured weevils. I told them to remember that they could not be certain of replenishing their stocks for an appreciable time. But they were convinced that in this war, in contrast to the previous one, the sea-routes would be in no danger, and that the regular import of goods and wares was assured. This was why many buyers of rice would not take what was being offered but were waiting for the fresh rice expected from Saigon. So a splendid number of sacks of rice were practically forced upon me. Fortunately I had space enough to store it, but the ready money of the Hospital sustained an alarming shrinkage through this purchase.

So for three years we lived on this rice, which rendered us great service in feeding our native patients. For in this country a good stock of rice is necessary because, between the harvests, periods always recur when bananas and tapioca, which constitute the main diet of the natives, are obtainable in insufficient quantities. At these times we have to feed the patients and native personnel on rice.

It may also happen that famine conditions last for months, as in 1925 and again in 1934. This happens when a great quantity of rain falls continuously during the dry season, that is to say, from June to September. Then the natives fail to make sufficient new plantations because they cannot burn the forest they have to cut to make room for planting their crops. The wet timber prevents the usual work. They could indeed make room for their plantations, if they would take the trouble to cut up the fallen trees and make heaps of the pieces. White people—and we at the Hospital—set them this example. But they cling to their habit of making no plantations unless they can burn the felled timber. Then when the plantations which they have failed to prepare should be bearing crops, there is a great scarcity of bananas and tapioca.

Luckily during these war years we have been spared famine caused in this way. What would have happened to us had such a disaster come about at a time when it was impossible to obtain rice as a substitute?

As a result of mobilization, a considerable number of European men left our district. White women left behind in lonely houses in the jungle took refuge with us. Fortunately we had sufficient vacant rooms and storerooms to accommodate them and the numerous trunks in which they brought their belongings.

On January 11th, 1940, Dr. Anna Wildikann, who worked here from 1935 to 1937 arrived for a second term of service. She had accomplished the incredible feat, while the war was going on, of reaching Bordeaux from her home at Riga in order there to embark for Equatorial Africa.

Towards the end of the same month Miss Gertrude Koch, the Swiss nurse, returned to Europe by air after her third period of work at the Hospital.

In March the big liner *Brazza*, which for years had been running between

Bordeaux and Equatorial Africa, was torpedoed near Cape Finisterre. She sank so quickly that few passengers were saved. Among those who perished were many from our district, and many of the ship's company with whom we had been good friends on our voyages on this steamer. And with her too was lost the last consignment of drugs and materials for operations which we were awaiting from Europe.

So now those who had cherished illusions had to recognize that sea communications were as much endangered in this war as in the last. The great events of May and June, 1940, made everyone conscious that the war had really started and was not less, but rather more, frightful than the last.

In the fights between the troops of General de Gaulle and those of Vichy which took place for the possession of Lambaréné, in October and November, 1940, the Hospital was preserved from harm. This it owed partly to its situation, and partly to consideration shown by both parties of combatants. The Hospital is not situated at Lambaréné itself, but about two and a half miles up the river and is separated from Lambaréné by an arm of the river some six hundred yards wide. The crews of the aircraft were ordered by their leaders on both sides not to bomb the Hospital. So it became a haven of refuge both for white people and black. We protected ourselves against the numerous stray shots by reinforcing the wooden walls of the houses which faced Lambaréné with thick sheets of corrugated iron, of which fortunately we had a good store.

From the autumn of 1940 on, our Colony of French Equatorial Africa possessed a government that co-operated with the Allies, with the result that we were cut off from France and the Continent of Europe, but could have intercourse with England and the United States. But a considerable time elapsed before the postal arrangements with these countries began to function. For a long time the sea communications were in such danger that consignments by post could hardly be thought of. Through England we could from time to time correspond with Sweden.

### **Mme Schweitzer arrives from Europe**

In the summer of 1941 my wife succeeded in getting from France to Lisbon and thence on a Portuguese steamer to a port of the Portuguese colony of Angola at the mouth of the Congo. After a detour through the Belgian Congo she arrived on August 2nd. To make this journey in the reverse direction was scarcely possible, so the Swiss nurses who had finished their time at the Hospital were not able to make their way home, though with the reduction in the activities of the Hospital, they were not fully occupied. On the other hand, as nurses were much sought after over the whole country both by the Government and by trading concerns which employ a great number of laborers, posts were offered to them, and several of them accepted.

After these departures the Hospital was finally left with four nurses, the two Swiss ladies, Gertrude Nötzli and Lydia Müller, Maria Lagendijk from Holland and Emma Haussknecht from Alsace. Miss Nötzli took charge of the kitchen and garden, and Miss Haussknecht, with the help of Miss Müller, looked after the house-keeping, mending and livestock, while Miss Lagendijk worked in the Hospital. My wife substituted for each in turn and so made it possible for nurses who had worked without a break since the beginning of the war for the first time to have a



little relaxation. She also devoted herself to keeping in order all that was wanted for operations, gave assistance wherever it was needed and helped me with correspondence and writing.

The medical and surgical work was divided between myself, Dr. L. Goldschmid, (who has worked at the Hospital since 1933 and returned at the end of 1938 from leave in Europe) and Dr. Wildikann. I myself had many secondary occupations including the upkeep of the buildings and paths and the supervision of the work in the plantation. As in wartime, with the collapse of the timber trade, labor could be had cheap, I resolved to undertake works which I had up to now deferred. Several acres of land needed to be prepared for cultivation in order that the young trees growing in the nursery and elsewhere might be transplanted. When all the Hospital trees bear fruit, we can barter fruit for rice at Port Gentil.

Great stretches of the original oil-palm plantation were nearly grown over with bushes and creepers because for years we had been obliged to content ourselves merely with cutting these down instead of digging up the roots. Now we had to start on this laborious task over many acres of land, for it could no longer be put off.

The problem of the supply of fats necessary for the nourishment of the black inmates of the Hospital was solved by the numerous oil-palms on the plantation. The whole year through, palm-nuts can be gathered and oil prepared. From the clusters of nuts which the laborers bring in we get oil to give to the people too ill to fetch nuts for themselves, and we also use it to make soap for the laundry.

Further, I with my workmen, had considerable trouble with the maintenance of our big garden on the slope on the river-bank, which during the rainy seasons of these latter years had been more and more inclined to slide away. Several hundred yards of strong walls with deep foundations were needed to put an end to this movement which threatened the existence of our garden. The mere fetching of the required stones involved a long and heavy piece of work, for they could not be found in the neighborhood. One dry season was insufficient for the undertaking, and it was only finished in the following year.

It was also necessary to repair the Hospital streets which in the course of years had suffered badly from the terrible thunderstorms, and to protect them in some measure against the force of the water which rushes down from the hills behind. Much work and many walls were needed. For a long time before this was done, many of the paths between the buildings had been quite dangerous.

During the first two years of the war I spent nearly all my afternoons with the laborers who were employed on these urgent undertakings—for they only work if they are led and supervised by a European.

### **Gifts from U.S.A. and Britain**

I had a splendid surprise at the end of the year 1940. Dr. Edward H. Hume, Secretary of the Christian Medical Council for Overseas Work, whom I have known since he visited me at Günsbach, offered in a letter, to send me drugs from America. At the same time I heard from Professor Everett Skillings of Middlebury College, U.S.A., who had also once visited me at Günsbach, that in view of the difficult



*Bringing the boxes of medicine ashore*

plight in which the Hospital must be, he and his friends were trying to collect donations for it in the United States.

Thereupon I sent Dr. Hume a list of the drugs and other things we most needed and begged him to buy and to send me as much as the contributions collected by Professor Skillings would allow. It was over a year before the consignment arrived via Douala (Cameroon). What months of anxiety did I endure before the river-steamer unloaded the precious packing-cases in May, 1942! The new drugs came in the nick of time, for the supply we had was nearly used up. The empty shelves in the Dispensary became more or less full again.

In 1943 we received from English friends diphtheria-toxoid, which for some time has been used in the treatment of leprosy. The first consignment came from Mrs. C. E. B. Russell, the second through Mr. T. D. Williams. We were very happy to be able to employ this new method with our leper patients. Later we received a valuable consignment of drugs and catgut from England.

From England, America and Sweden, the countries with which we could have communication, money was sent out to the Hospital from 1941 on. The friends who undertook this had to expend much trouble and time over the formalities necessary to secure permission for the export of money.

We were much interested to get acquainted with the pharmaceutical products made in the United States. Among them we found several which seemed to be especially efficacious. And there were not only drugs in the boxes, but also so

many other things, including household utensils, which we had been obliged to go without. Again and again while unpacking, shouts of joy resounded when we came across something which we especially needed.

Of particular value to me were rubber gloves which fitted my hands. For months I had been obliged, when operating, to wear gloves too small for my hands. What discomfort have I had to endure at each operation until I could pull them off again! What an immense relief to have gloves at last that did not torment me! Those who had charge of the kitchen were in ecstasies over the new cooking utensils and the thermos bottles. For the first time since the Hospital was founded, we had large thermos bottles for preserving the ice which we got in the village.

Later shipments supplemented this first one and replenished our stock. The shoes and other things received in 1943 were very much needed. The spectacles which arrived in one of these later shipments were a great boon to many whites and blacks alike. There were people here who could not do their work because they were unable to procure glasses.

The donations we received in 1941 were just sufficient to keep things going after a fashion, and what we received in 1942 and 1943 allowed us gradually to admit once more a larger number of patients, for we had not only the drugs needed for their treatment, but also the means to support them. How grateful I was to the faithful friends in the countries that help me, that I could, as before, take in and care for all the sick who were in need! And now we were in a position to undertake more operations than previously. At this moment there are living at the Hospital some forty patients who are waiting to be relieved of their hernias or tumors. As they have come from a great distance, we cannot send them home until their turn comes, but must keep them here. Among them are some of those we sent away on the outbreak of war. When they heard that more operations were again being performed at the Hospital they returned. And some of the discharged native nurses have also resumed their service. We are encouraged in our work.

### Highway through "The Primeval Forest"

Since 1941 a great alteration has been brought about in our country by the construction of roads to allow of communications by lorry. These were a strategic necessity. To meet the eventuality that it must become too dangerous or too difficult to transport troops by sea from south to north or from west to east, roads had to be made. So roads were constructed in our colony in which previously communication was mainly by the rivers—roads to unite those which had existed for some time further north and further south. The great rivers of the colony, of course, have no bridges. Communication between opposite banks is effected by motor ferries.

The great road from Capetown to Algiers via Lcopoldville and Brazzaville passes through Lambaréné. Here there are ferries over the two branches of the Ogowe. Scarcely six hundred yards down the river from the Hospital begins the section of the road which runs northward to Cameroon and Nigeria. English people who are on their way from Nigeria to Capetown pass through Lambaréné.

Of course these newly-constructed roads are very imperfect as yet, and to travel on them is anything but a pleasure. But it signifies a great step in advance that we





*Feeding motherless infants*

*Nurse Gertrude Koch at present (1945) in Lambaréné*

can now in a few days get to places that before the war took weeks to reach with a caravan of porters along forest tracks. Now by lorry-post we are in communication with English, American and Swedish mission stations right in the interior, which were formerly practically inaccessible for us.

From 1941 on we obtained the seeds for our big garden from Capetown. Later we also had some from America.

When the Dutch colonies with their great rubber plantations were occupied by the Japanese, rubber had again, as formerly, to be drawn from the vines of the jungles of our colony to meet the needs of the war. Most of the rubber from here goes to America.

When I came to the country in 1913 this primitive method of obtaining rubber was just coming to an end because it could not face the competition from the Dutch plantations which had begun to bear and were producing more cheaply. How glad we were then that this laborious work for the natives in jungle swamps, far from their villages and plantations, had come to an end! During the war it had to be resumed for many a long month. And for the people of the present generation it must have been all the harder because they were not accustomed to it and no longer had the necessary experience. A great number of sick, among them cases with strangulated hernia, came to us in a hopeless condition because they were brought, not from villages situated on the river or on regular routes, but from trackless distant forest!

On June 8th, 1943, Miss Gertrude Nötzli, who had been here since 1938, superintending the hard work of the kitchen, left us. She had to wait many weeks at Brazzaville to get a berth on a Portuguese steamer. In Lisbon again she had to wait

a long time because the way to Switzerland was closed. After more than six months on the journey she at last reached home in December.

To replace her there arrived in July Miss Gertrude Koch, who had gone home at the beginning of 1940. In view of the impending return to Europe of Miss Nötzli, I had asked her in 1942 to come and help us in spite of the difficulty and danger of the journey. Months went by before she could collect all the necessary documents for the enterprise. She brought with her from Switzerland a number of cases of drugs. She took charge of the kitchen and at the same time assisted Miss Maria, the Dutch nurse, who had to be careful because of delicate health.

In 1943 Dr. Goldschmid spent several months' leave in the Belgian Congo. In his absence I undertook the operations, at which I had usually functioned as his assistant.

Dr. Wildikann, who had done great work during his absence in keeping everything going, went on leave for several months in 1944.

From April, 1944 on, Dr. Goldschmid undertook to replace the Government doctor concerned with the struggle against sleeping sickness at Lambaréné, who was summoned to the Army. After this Dr. Goldschmid was at the disposal of the Hospital only on the mornings when there were operations and for two or three hours in the afternoons.

In the course of the year 1944 things became very difficult for us owing to the fact that Miss Maria, the Dutch nurse, was obliged to give up her work because of illness. In August she went to the American Mission Hospital at Ebolowa in Cameroon for the sake of the better climate. The American Dr. Thorne nursed her excellently, and a few months later she went on to the hospital in the mountains of Cameroon run by Dr. Barasch, one of my former colleagues, at the French Mission in Bangwa. Dr. Barasch wrote to the Dutch consul at Douala, and with his aid secured a passage by aeroplane to Paris in May, 1945. Miss Maria arrived there in the days of the liberation of Holland, and after a few days was able to return to her home, where she quickly recovered. We owe a big debt of gratitude to Dr. Barasch and the Dutch consul, Mr. Corbyn, for these arrangements. From here things could not have been arranged so quickly.

When Miss Maria fell ill, Miss Koch took over the whole work in the Hospital, and Miss Emma undertook the kitchen as well as the housekeeping and garden. For a long time we had only three nurses instead of four.

In the course of 1944 we realized how tired we really had become. This fatigue was due not only to the long sojourn in the hot, close equatorial climate, but to excessive work and overstrain. Henceforth we had to draw on our last reserves of energy in order to meet the demands of the Hospital. Not to fall ill—to keep fit for work—this was our constant, daily care. It was clear to all that not one of us must collapse, for there could be no replacements for a long time. . . . . So we carried on.

### **How we fought disease**

While we became more and more weary, the work constantly increased. To a considerable degree this was due to the ever increasing number of white in-patients. So many Europeans were now in such a bad state of health that they had to come



*Poor Patients waiting to get their food*

more and more frequently to the Hospital. Certain patients spent months with us. Often meals had to be prepared for as many as 20 white patients, and those whose food had to be taken to their rooms caused a lot of work. For weeks at a time every available bed was occupied. Women and children, weakened by the long stay in Africa, needed much attention.

The principal cause of this bad health, along with the tropical climate, is the absence of calcium in the diet. The water here is so lacking in lime that the kettles in which water is boiled never becomes furred. And further, as we can get no pure water, we must always drink boiled water which in any case contains no lime. Fortunately we have Swiss and American preparations of calcium which allow us to give it to weakened patients not only by the mouth but by intravenous injections. Of great use also is the French preparation of phosphorous, phosoform, which assists in the assimilation of calcium. In the dispensary we had a considerable store of this, obtained before the war, and we were so economical in its use that it was sufficient through the war years for all the most urgent cases.

During the war we could get no drugs from France. In the consignments received

from England, America and Switzerland there were preparations of iron and liver needed for the treatment of anaemia, so that many Europeans who came to us exhausted and pale were able to leave the Hospital in a relatively satisfactory condition. We ourselves also took periodical courses of these medicines to keep fit for work.

A succession of Europeans came with ulcerated stomachs, and, as it was impossible to send them home, we had to treat them as best we could under the prevailing conditions. Fortunately we possessed the requisite drugs. Possibly the frequent incidence of this trouble is due not only to loss of strength caused by prolonged residence in this climate, but also to the circumstance that, for want of cooking fats, cooking is done with palm-oil, which contains acids.

Of course white people suffering from malaria were frequent among the patients. We always had enough quinine and atebrian for their treatment.

Among those weakened by too long a stay in the tropics, there were fairly frequent cases of the dreaded deep multiple abscesses of the muscles. Patients suffering this disease, pyomyositis by name, remain months with us. One abscess after another slowly develops deep in the muscular structure and must be found and dealt with. The unfortunate patient becomes weaker with constant high fever, so that his life is in danger. While I am writing this, there is at the Hospital a patient who has been with us for months past who is slowly recovering after we had almost given up all hope. If only we had penicillin, such cases would not cause us so much anxiety.

Of course these white patients pay all their expenses, and those who are able, give, in addition, a donation to witness to their gratitude.

### Treating our African patients

As usual, among the black patients, we are much occupied with phagedenic ulcers. The hopes we cherished when we began to treat them with preparations of sulphonamide, were only partly fulfilled, and further we had to be economical in our use of these remedies, as we had no great stock of them and needed them for pneumonia and other cases. How much the existence of this valuable drug means to us!

Curiously enough, for some years past ulcers on the feet, caused by the sand-flea (*Sarcopsylla penetrans*) have been much less common than before. In general the number of sand-fleas (*jiggers*) has diminished, which is a very good thing for the poor children from whose toes the intruders had to be extracted every night.

Cases of heart-disease are common among the natives. They usually come to us only when the trouble is far advanced, and they are suffering from want of breath and dropsy. But our stock of medicines generally enables us to help even those who have come so late. As there are certain dangers connected with the use of preparations of digitalis, we could not arrange for them to continue their cure in their villages, but had to keep them at the Hospital for a long time, at considerable expense for their food, etc. But now we have from Switzerland a preparation from squills (*Scilla maritima*) which is far less dangerous than digitalis and enables us to send back to their villages heart cases, who are on the road to recovery, where they continue to take this medicine as prescribed.





*The Hospital seen from the river*

Many black patients, and white as well, come with rheumatism and sciatica. We now treat severe cases with intravenous injections of a solution of *Natrium salicylicum* received in capsules from America, and generally see good results.

Black people suffer not infrequently from gastric ulcers. Crocodiles too suffer from these as we discovered from the examination of the entrails of crocodiles whose flesh was sold by hunters to native patients.

We continually have cases of amoebic dysentery for treatment. The patients are housed in an isolated ward so that they shall not infect others. By day they sit in a shady yard enclosed by wire netting. Throughout these years we have had sufficient emetine for the treatment of these numerous cases.

Dr. Wildikann especially concerned herself with the numerous patients suffering from intestinal parasites. Many children who give the impression of being seriously ill are in this bad condition because for a long time they have harbored an incredible number of round worms (*Ascarides*).

Serious anaemia in both young and adult natives is often caused by hookworms (*Ancylostoma*). Many intestinal troubles and symptoms akin to dysentery are occasioned by bilharzia worms. Dr. Wildikann spent a great part of her mornings at the microscope making tests about the presence of parasites. The various cures for eradicating them give much work. The course of treatment for hookworm demands several days and, if possible, must be repeated after a certain lapse of time, while the disease bilharzia requires intravenous injections over a period of weeks.

All these treatments are complicated by the fact that the patients cannot be persuaded to come regularly for treatment at the specified days and hours, even if they are living in the Hospital.



In tuberculosis there is an increase rather than a decrease. The cases of T.B. of the lungs usually cannot be arrested and progress unfavorably, but in cases where the bones are affected there is often a successful reaction to the treatment. There are also cases of tuberculosis of the intestine.

The numerous cases of framboesia, that tropical disease which causes such a variety of serious damage, we treat with intravenous injections of neosalvarsan given twice a week. For the sake of economy, we tried instead for a time injections of preparations of bismuth, but had to give this up because they are not seldom followed by severe ulceration of the mouth (*stomatitis*) which needed lengthy treatment and caused the patients great suffering. The danger of this trouble following on injections of bismuth is much greater here than in Europe, because it can only be avoided by care of the mouth and teeth which cannot be secured in the case of our black people.

In several cases of tetanus I had to do without anti-tetanus serum because what we had in stock was too old to be efficacious. But I succeeded in saving them with injections of magnesium-sulphate, and the use of morphia, luminal and chloralhydrate.

We have been less troubled with sleeping sickness than in earlier years because a Government doctor was concerned with fighting it in our district. There is a large camp for sleeping sickness patients a little down the river from Lambaréné. To carry on the fight against this disease in the right way, it is necessary that at regular intervals the doctor or a white assistant should visit every village in a given district and examine all the inhabitants to discover by microscopic tests whether the germ of the disease is to be found in their blood or spinal fluid. Our concern is now limited to passing on to the Government doctor any patients in whom we suspect sleeping sickness. Unfortunately, at the present time the sickness is rather increasing than diminishing.

### Progress in Leprosy Treatment

As usual, we are very much concerned with natives suffering from leprosy. The diphtheria-toxoid received from England has rendered valuable service in the treatment of this disease. We see favorable results from these injections, which we have combined with the treatment with chaulmoogra oil, preparations of arsenic, trypanflavine and injections of methylene-blue. But today, as before, these poor patients are wanting in the necessary patience to stay with us for the many months that the proper carrying-out of the treatment requires. Scarcely do they feel better, scarcely do their ulcers show a tendency to heal, than they believe they can for the time being do without treatment. They leave the Hospital and only return months later when their condition has become worse.

But recently there has been hope of important progress in the treatment of leprosy. French doctors in Madagascar have since 1937 been making promising experiments with a drug obtained from a plant found on the island (*Hydrocotylus asiatica*). With this treatment they are achieving rapid cures of leprosy ulcers. In America a drug called promin, related to the sulphonamides, is also being tried with success. How



*Street at the Hospital*

glad we doctors who are concerned with lepers will be when we have a better and quicker method of treatment than hitherto!

When there are mental cases at the Hospital they cause a great deal of work. A native nurse is occupied with them nearly the whole day long. He has to clean their cells, take them out when it is possible, wash them, give them three meals a day and give them their medicines. He is constantly passing to and fro between the Hospital and the mental ward more than a hundred and fifty yards away. Not all the patients whom we lodge in this building are really mad. We are often concerned with states of excitement caused by incipient sleeping sickness or indulgence in iboga roots.

As before, many women have come to the Hospital during these years for their confinements. And there are always little black infants who have lost their mothers and have to be brought up on the bottle. We generally keep these until they are in their third year. Miss Koch has a lot of work with them.

### **Creatures, small and large**

The white ants are constantly reminding us that the Hospital is situated in the jungle. Now they appear on the shelves of the dispensary, now in the stock of bandages, now in the beams of the buildings, now in our store of planks, now in papers that are lying about anywhere. We are in a constant state of excitement about them, and their presence is only discovered when they have already done considerable damage. Then everything has to be cleared out in order to discover just where they have made their entry. How much labor and waste of time do these wicked insects cause! On account of them I have to put into glass or tin boxes that shut well all the drugs that arrive packed in wood or cardboard. Nothing so far

had been of any use against them, but lately we have been trying D.D.T. This was discovered in Germany in 1872, but its insecticidal properties were not realized till proved by J. R. Geigy in 1940 in Basel.

And again we are reminded that ours is a jungle Hospital by the natives who arrive after being wounded by wild animals. We have now under treatment a man who, walking along a forest trail, was attacked from behind by a gorilla which scalped him with teeth and finger nails and then left him. We also suffer much from elephants as they are constantly breaking, with devastating results, into the plantations belonging to the natives who supply the Hospital with bananas. As a result we are often hard up for food for our patients.

How near the wild creatures of the forest come to us I had an opportunity of realizing afresh a few weeks ago. As some natives had started making plantations on land belonging to the Hospital I had to mark its boundaries once more. When with my native assistants I had gone some hundreds of yards along the boundary track, we found in a clearing a number of fresh buffalo hoof-prints.

Later when I was supervising the setting of the boundary-posts, I shouted to the laborers and thought I heard behind me the cries of women and children. "What's that? What are the women and children doing here?" I asked the workmen. Laughing they replied, "These 'women and children' are chimpanzees, who are excited at hearing your voice here in the forest."

### The closing war-months

We carried on the work occasioned by so many and such various patients living here in peace, while war raged in a far off distance. We did not get the news of what was happening every day, for the Hospital possessed no radio set and was not anxious to acquire one. We were mainly dependent for news on a leaflet of about fifty lines prepared for subscribers by an official of the Lambaréné radio station and typed every day. We had this fetched from Lambaréné about twice a week. But when there was a white patient at the Hospital who had brought his radio set with him, for several days or weeks at a time we got the news every day.

Although we were not always up to date in what we knew, we were constantly concerned with and oppressed by the terrible events. We were anxious about many friends in danger. And we felt almost ashamed that we here had enough to eat while millions far away were suffering hunger. We were filled with horror at the news of what was happening in the concentration camps, at the maltreatment of the Jews, and at the sufferings endured by the deported populations. The distress of the Dutch, of which we only heard by degrees, shocked us.

We confided to each other that we all had to make an effort to pull ourselves out of our constant depression in order to be able to carry on the daily work. We all constantly felt it incomprehensible that, while other people were condemned to suffer or to be active in ways that must cause suffering and death, our own job was one of giving compassionate aid. The realization of this privilege gave us daily fresh strength for our work and made it precious to us.

From letters from England received during the last months of the war, I knew how much the inhabitants of great parts of that country had to suffer at this time from bombs.

The news of the end of the war in Europe we received on Monday, May 7th, 1945, at midday. While I was sitting at my writing-table after dinner finishing urgent letters which had to reach the river steamer by 2 o'clock, there appeared at my window a white patient who had brought his radio set with him to the Hospital. He shouted to me that, according to a German report relayed from the radio station at Leopoldville in the Belgian Congo, an armistice had been concluded in Europe on land and sea. But I had to go on sitting at my table in order to finish the letters which must be sent off immediately. Then I had to go down to the Hospital where the heart cases and other patients have appointments for treatment at 2 o'clock. In the course of the afternoon the big bell was rung and when the people at the Hospital had gathered, they were told that the war in Europe was over. After that, in spite of my great fatigue, I had to drag myself into the plantation to see how the work was getting on there.

Only when evening came, could I begin to think and try to imagine the meaning of the end of hostilities and what the innumerable people must be feeling who were experiencing the first night for years without threat of bombardment. While outside in the darkness the palms were gently rustling, I fetched from its shelf the little book with the sayings of Laotse, the great Chinese thinker of the 6th century B.C., and read his impressive words on war and victory.

"Weapons are disastrous implements, no tools for a noble being.

Only when he can do no otherwise, does he make use of them. . . . .

Quiet and peace are for him the highest.

He conquers, but he knows no joy in this. He who would rejoice in victory, would be rejoicing in murder. . . . .

At the victory celebration, the general should take his place as is the custom at funeral ceremonies. The slaughter of human beings in great numbers should be lamented with tears of compassion. Therefore should he who has conquered in battle bear himself as if he were at a festival of mourning."

### Since the war ended

The cessation of hostilities in countries with which we were specially concerned seemed to hold out to us the expectation that within a reasonable time nurses and doctors would be able to come to our aid. But we were soon forced to abandon the extensive hopes which we had cherished. We knew indeed that in Alsace, Miss Matilda Kottmann and in Switzerland Miss Elise Stalder, both nurses who have worked here before, were ready to come out at the first opportunity. But the formalities they had to go through before the journey could be undertaken occupied months. And then it appeared how difficult it was in addition to secure a berth on a steamer or a place in an aeroplane. On the recommendation of the Governor-General of our Colony, together with the efforts of friends of the Hospital who were staying in Paris, Miss Kottmann was able to travel by aeroplane at the end of July from Paris to Libreville. Thence she reached the Ogowe by motor-car, and by motor-boat came to Lambaréné, where she arrived on August 6th. She started work at once, to give as much relief as possible to Miss Haussknecht and myself.

Miss Stalder—as my wife and Miss Koch had already done—was to travel from Lisbon to the Portuguese port, Sazaire, at the mouth of the Congo, as there has



been a regular service by this line every fourteen days while steamers of the French line were very rare. But a long time was needed to secure the papers necessary for the journey, so it was only at the end of November that Miss Stalder was able to leave Lisbon.

On Tuesday, August 14th, we heard of the end of the Japanese war.

In October came at last the long-expected ship, the *Providence* to take home the Europeans of our Colony. It embarked hundreds of them, including a number of people from our district who had to get away as quickly as possible on account of their health, people who for a long time had been constantly, or almost constantly, resident patients in our Hospital. So then we had correspondingly less work. In the rooms left empty—for only five were still occupied—Miss Koch cheerfully started a great spring-cleaning.

Dr. Wildikann is to leave us about Christmas. For the devotion with which she has worked through the years of war and for all that she has accomplished we owe her a great debt of gratitude. She is to go to Palestine. As there is no means of communication by sea, she must travel right across Africa. She will go up the Congo as far as Stanleyville, then leave that river to get to Refaj on the Nile. Thence she will journey partly by steamer and partly by rail to Cairo and then by post-lorry or rail to Palestine, whither our best wishes will accompany her.

Two new doctors, one from Switzerland, one from Alsace, are ready to join us. I should like them to come by sea, so that they can bring baggage and supply us with a number of things which we need. The Swiss is to travel on a Portuguese and the Alsatian on a French steamer. They are likely to be able to start some time during the winter.

So Dr. Goldschmid and I have many difficult weeks before us. But now that the coming of new doctors is assured, we can cheerfully hold out.

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Since the autumn of 1945 we have been in a difficult position in the matter of providing food for our numerous patients. The scarcity of bananas and tapioca from which we suffer is due to the fact that in the summer of 1944 the rainfall in the dry season prevented the natives from burning over the forest they felled, and so to a great extent the necessary plantations were not prepared. Just what I so greatly feared during the war years, has now happened after the war. Fortunately a very able District Officer further up country in the region of Tschibanga has insisted since 1942 on the population cultivating rice on ground suited for it. The cultivation of rice in our forest country is rendered extraordinarily difficult by the constant depredations of innumerable birds, so that the plantations must be watched all the time. This rice produced in the interior reaches us by motor-lorry along the new roads. But as there are no sacks for transport where the rice is grown, only those who send sacks can obtain rice. Luckily we have always stored all our rice-sacks and taken good care of them. We send them to Tschibanga and get them back full of this rice. Since the beginning of 1945, I have been buying as much of this rice as possible in view of the expected shortage of bananas and tapioca.

So since October, when the villages ceased to be able to supply these, I have been able to feed the patients and the Hospital staff on rice. If that District Officer had not introduced rice-cultivation in his part of the country, and if I had not, as a



result of gifts sent me by friends of the Hospital, possessed the means to acquire a considerable stock, I should have been obliged to close the Hospital from October onward, just as the schools were closed on the Mission-stations because there was no food for the children. I am still not certain that my rice will last out until sufficient bananas and tapioca are available.

Since the war ended, prices have been continually and steadily rising, though up to that time the increase was relatively moderate. I must be prepared for the cost of carrying on the Hospital before long to be four times as great as formerly, however economical we are. Not only shall we have to pay much more for all that we import, but also bananas and tapioca are already costing much more than before, which not only increases the cost of maintaining the patients, but has made the native assistants and plantation laborers demand an increase of wages commensurate with the increased cost of living. And we are hit hardest of all by the enormously increased fares for journeys to and fro, for in this matter no economy is possible.

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The continued existence of the Hospital in the future will prove very difficult. We might indeed entertain doubts whether it will be possible at all when we consider the widespread and as yet incalculable impoverishment in every direction.

But we are confident that its friends will remain faithful to it even in the difficult circumstances that are before us. Of one thing we can assure them—that this work is necessary, in the future more than ever necessary. We who know how much physical misery there is here and what the Hospital means for the many who suffer it, venture to beg our friends to help us.

This bulletin is issued on the occasion of Dr. Schweitzer's seventy-second birthday.

Contributions may be sent to the treasurer of The Albert Schweitzer Fellowship, Dr. Emory Ross, 156 Fifth Avenue, New York 10, N. Y.

